STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

APR 12 2018

PLEASE PRINT Richard Baulon / Tulon Clark DEPARTMENT OF STATE

1. Name of Loopy	isi(s) More Dilocity	1 year su	Y K I DELYMENT OF ON
II. Name of lobby	ist's partnership, firm or corporation, if	any:	
	Dennehy & Bo	•	
Business Address:	17 Depot	Street	(Zin Code)
	Concord, N	H 03301	(Zip Code)
()(Telephon	(e) 603-228-	1601	
III. This statemen reportable expens	t covers: (Choose one – file separate repo e transactions which are not attributable	orts for each client, OR yo	ou may file a separate report for
All reportable t	ransactions occurring in the months prior to	o the reporting date relative	to the following client:
Amer	Full Name of Client as it appears on the I	Therapist- cobbyist Registration Form)	Assoc.
<u>OR</u>			
☐ All reportable tr unrelated to any par	ransactions by the lobbyist (including the lorticular client.	bbyist's family), or the lob	bying firm listed below which are
IV. Date of Report		July 26, 2017	
Reports cover: ac	ctivity from date of registration to $3/31/17$ October 25, 2017 \Box	activity from 4/1/17 to 6/3 January 31, 2018	
	activity from 7/1/17 to 9/30/17	activity from 10/1/17 to	
	een no fees received and no reportabled, complete just this form and submit it to a l.		
VI. Check if additi	ional reports are attached:		
	eived fees or made expenditures, you must	file Addendum A- Fees a	nd Expenses
	d an honorarium or reimbursed expenses, y		
☐ If you, your firm	m, or your family has made political contril	outions, you must file Adde	endum C- Political Contributions
Sworn Statement/	Affirmation by Lobbyist		
I have read RSA 15	, RSA 15-B, RSA 14-C and RSA 664 and 1	nereby swear or affirm that	the foregoing information is true
and complete to the	best of my knowledge and belief.		12 211
Kichard	L. Gouley	_ apu	(23, 2018)
(Signature of lobby	D I	V	(Date)
(Print Name of lobb	bvist)		

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Richard Bowley /	tyler Clark
II. Name of lobbyist's partnership, firm or corporation, if any:	1.
Dennehy & Bowley, LLC (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
III. Name of Client American Physical Therapt ASSO	Date 04/02/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granted reduced by any expenses:	that are related, directly or indirectly trelations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 4,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 15,000
c) Total of all fees received to date (Add lines a and b)	c)\$19,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50 expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	in that the fologoing information
Richard L. Bouley (Signature of lobbyist)	Cypil 3, 2018
(Signature of loodyist)	(Date)
Richard Bowley	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation:

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Hymerican Physical Therapist Assoc, Date of Report (check one): July 25, 2018 ☐ October 31, 2018 ☐ January 30, 2019 ☐ January 31, 2018 [] (Q42017) I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.